



Cy Creek Cougar Basketball Camp



Directed by the Girls + Boys Basketball Coaching Staff
@ Cy Creek HS

Dates and Times:

3rd-6th grade

BOYS + GIRLS

June 12-14

8:00-11:00

7th –incoming 9th

GIRLS ONLY

June 12-14

11:30-2:30

***Campers
7th-9th must
have a current
physical**

All campers will receive:

- Camp Shirt
- Prizes for award winners
- Valuable skills to grow in the game of basketball

Mail form and payment by May 26

Cy Creek HS

Attn: Jennifer Alexander

9815 Grant Rd.

Houston, Tx 77070

***We will accept campers on the day of camp; however, we cannot guarantee that a shirt will be given...we will do our best!*

Questions? Contact Jennifer Alexander
281-897-4200 OR jennifer.alexander1@cfisd.net

DETACH HERE AND MAIL ONLY THE BOTTOM PORTION

Please circle the appropriate camp: Camp 1 (entering grades 1-6) Camp 2 (entering grades 7-9)

Camper _____ Parent/Guardian Name _____

Address _____ Phone (1) _____ (2) _____

Grade Fall '17 _____ Name of School Fall'17 _____

Method of Payment

(select one: Payable to Cypress Creek Athletics)

_____ Cash (\$60)

_____ Check (\$60), Check # _____

_____ Money Order (\$60)

Circle camper's t-shirt: YS YM YL S M L XL

ATHLETIC PARTICIPATION CONSENT FORM:

STUDENT'S NAME: _____ **CAMPUS:** _____ **DATE:** _____

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

COMPLETE ADDRESS: _____

PHONE NUMBER: _____ PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP TO ATHLETE: _____ EMERGENCY PHONE _____